Case Consultation: Individuals with I/DD and Mental Health Challenges

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PEOPLE • PARTNERSHIPS • POSSIBILITIES • 2015

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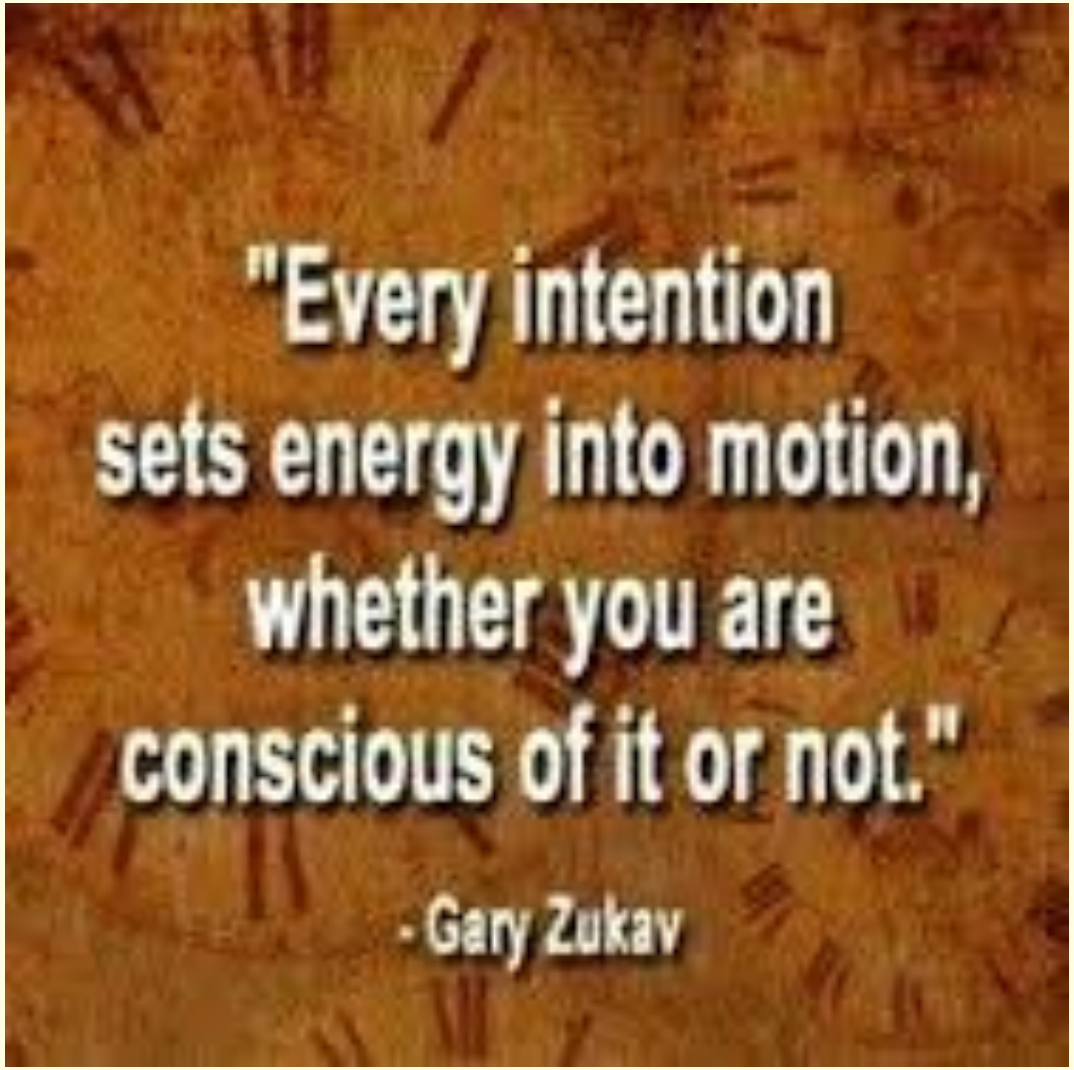
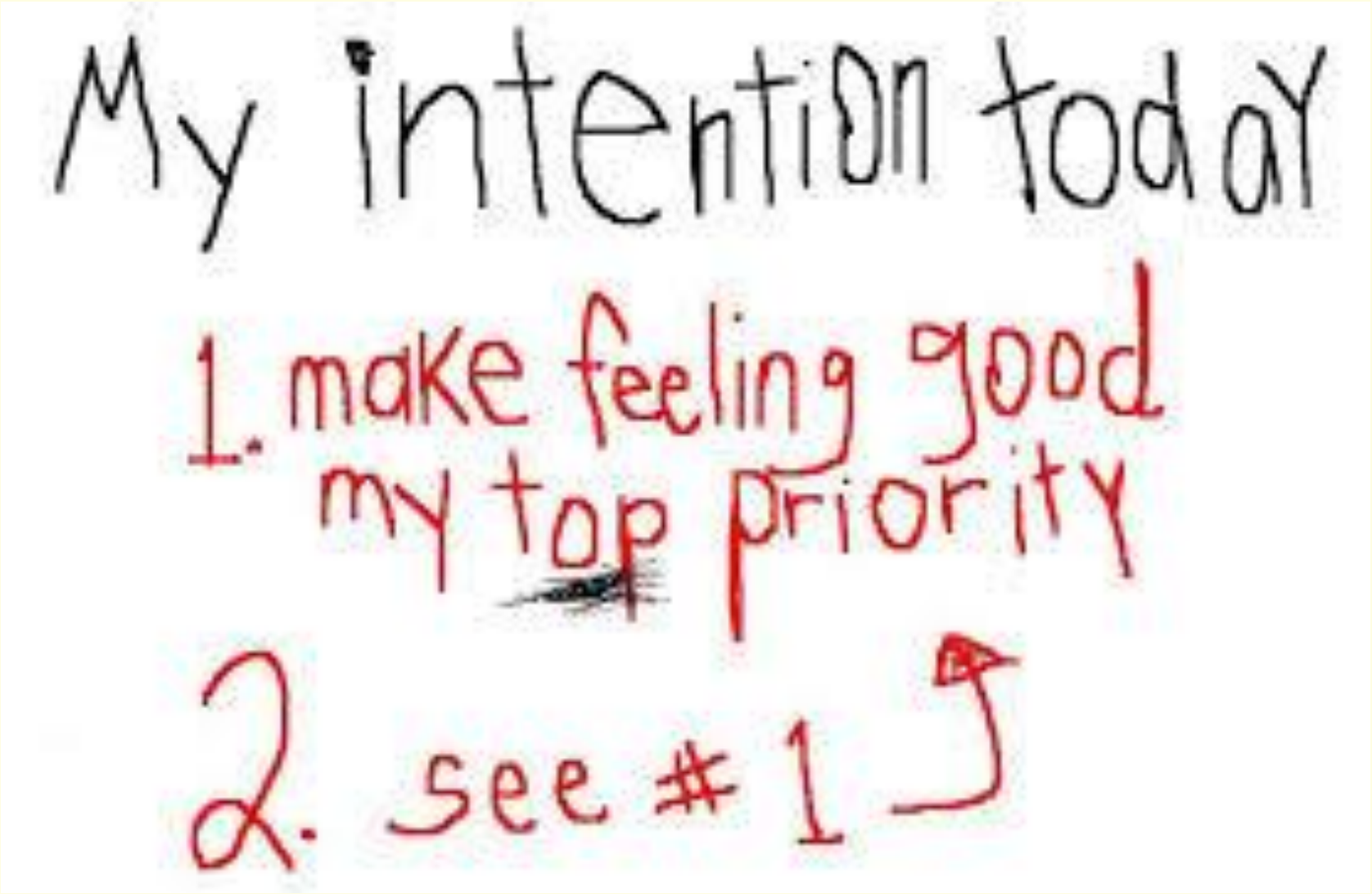
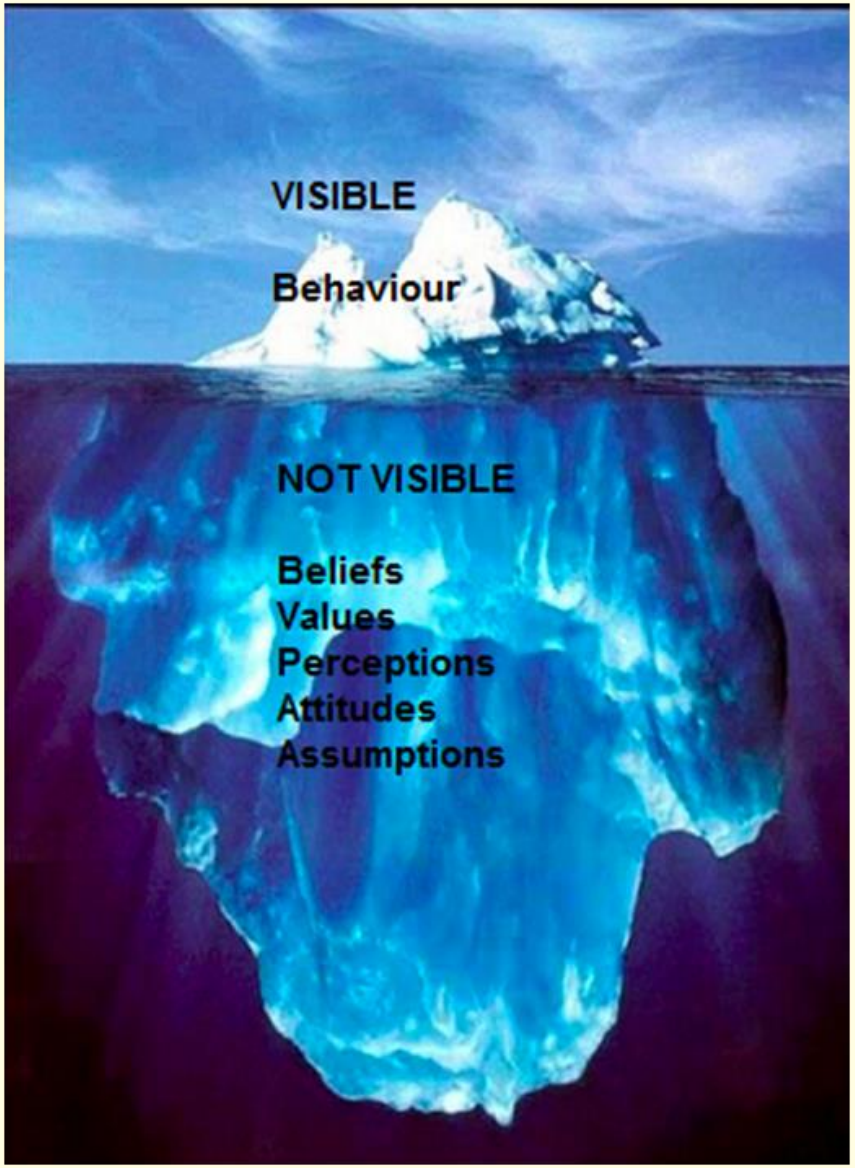
Trauma Informed Care

SHARE INTENTIONS…


"Every intention
sets energy into motion,
whether you are
conscious of it or not."
- Gary Zukav


My intention today
1. make feeling good my top priority
2. see #1

What do you bring into the room?


VISIBLE
Behaviour
NOT VISIBLE
Beliefs
Values
Perceptions
Attitudes
Assumptions

Perception: What you see is what you get

Perception is the organization, identification and interpretation of sensory information in order to represent and understand the environment.

Flip to DVD

We are all connected

… and effect each other literally (electronically), and energetically.

Remember that!!!

(Prior to this meeting, I intended that the room be filled with great connection, communication, upliftment, inspiration and joy.)

Rosie

Interpersonal Energy and its Effects

Energetic transmission

Psychological transmission

Emotional Transmission

Take hands of a neighbor,

- A: transmit any emotion.
- B: what do you feel (careful not to analyze or doubt)

Electric transmission

Energy Stick

Principle Differences in Children and adults with Intellectual and Developmental Disabilities

1. **Communication**
2. **Cognitive processing**
3. **Conduct**
4. **Culture**
5. **Creativity**
6. **Trust**
7. **Sensory Sensitivity**
8. **Sensitivity**
9. **Appearance**
10. **Increase/discuss safety measures**

1. Principle Differences: Communication

Communication

CALL OUT

1. Principle Differences: Communication

Communication

1.Non-verbal communication modalities (FC, RPM, PECS, ASL, alphabet on cardboard/iPad). Need for support person & taking dictation letter by letter.

2.Verbal: few words; difficult pronunciations

3.If Deaf or hard of hearing: amplification; Ubi-Duo,interpreter

4.Literal thinkers thus avoid sarcasm, jokes, metaphors, slang, common expressions or similes.

5.Use Plain English, use language matching and slightly exceeding level of client (unless theirs exceeds yours!)

6.ASD: Ask, "what should I ask you?"

2. Principle Differences: Cognitive processing

Cognitive processing

CALL OUT

2. Principle Differences: Cognitive processing

1. **Processing may be slower, thus each session should be scheduled and conducted with this in mind.**
2. **Use multi-faceted methods of learning from and communicating with client that match client's sensory skills (fe. Use of faces chart with child who could not discern faces)**
3. **Insofar as possible, prn, use concrete not abstract communication.**
4. **Make it fun by role-playing or acting out a feeling.**
5. **Plan for one healing goal per session**

3. Principle Differences: Conduct

Conduct

CALL OUT

3. Principle Differences: Conduct

1. **Seating: client may never sit, sit/recline in unusual spaces & places; sit everywhere during the session.**
2. **Client may have unusual verbal or physical movement (Tourrette's, etc.)**
3. **If they have a seizure disorder you should know prior.**
4. **Some ASD kids have screaming or loud noises**
5. **Some move about touching everything during session (may have to "prep" room removing things from view/access.**

4. Principle Differences: Culture (Disability)

Culture

CALL OUT

4. Principle Differences: Culture (Disability)

1. **Many children and adults may want/need parent in the room.**
2. **Most are "told" what to do rather than asked…so ask.**
3. **Many treated like younger person…use R-E-S-P-E-C-T**
4. **Often trained/encouraged to hug everyone (antithesis of safety training and cultural norm).**
5. **Must do as they are told, thus have never had their opinion or preference have any power. Demonstrate that you listen and honor their preferences. (It's different in my office.)**
6. **Used to being ordered to do something, threatened with a (negative) consequence or encouraged with a positive one.**

5. Principle Differences: Creativity

Creativity

CALL OUT

5. Principle Differences: Creativity

1. **By creating an atmosphere in your office of autonomy, choice, respect, client may express self in variety of ways: story, song, role-play, drawing, game-playing.**
2. **May have unusual method of communicating with you (bring things from home for you) showing bonding and trust**
3. **Example: Client gave away her SURVIVOR workbook to teach her cousin how to not get raped. (her conceptualization)**
4. **Example: Client asked for a resource (brochure) and learning there is none, suggested one be developed…which we did.**
5. **Some clients want to create a book about their life, to share the story and to help others.**

6. Principle Differences: Trust / Confidence

Trust

CALL OUT

6. Principle Differences: Trust / Confidence

1. **Clients come to believe you can help them. Fe. several years after treatment, client asked family to "please call Nora." This was how she began disclosure of new sexual assault.**
2. **Clients may ask for your help to tell parents their secret. (especially true for revealing sexual orientation)**
3. **Client may want to ask sex-related questions with parents not in the room. May involve the parent. Essential to maintain confidentiality agreements.**

7. Principle Differences: Sensitivity (All 6 senses)

Sensory Sensitivity

CALL OUT

7. Principle Differences: Sensitivity (All 6 senses)

1. **Some clients, esp. ASD may have acute ESP and ability to read your emotions.**
2. **Some clients, esp. ASD may have very heightened auditory capacity and really can hear you through doors/walls.**
3. **Some clients may have heightened visual acuity. Watch what you write!**
4. **Make sure room has no scents**
5. **Make sure rooms have no flourescent lighting (very disturbing sounds and flickering)**
6. **Do not have food around as those even with sensitivies may eat it or inhale the scent.**
7. **Do not touch client as this may be unpleasant or painful.**
8. **Most sense pain, may express it in a variety of ways. (Old myth is that people with disabilities & infants do not feel pain.**

8. Principle Differences: Sensitivity

Sensitivity

CALL OUT

8. Principle Differences: Sensitivity

1. **Motto: "Just because I can't talk doesn't mean I have nothing to say."**
2. **Motto: "Presume competence."**
3. **Motto: "Just because I can't talk doesn't mean I don't hear you talking." (Often c/o when paraprofessionals & professionals talk ABOUT client in front of client "forgetting" that they are present.**
4. **Do not use client's wheelchair to rest upon…(natch!!)**
5. **Because of higher rate of victimization of verbal abuse, very sensitized to derogatory looks, words, actions.**

9. Principle Differences: Appearance

Appearance

CALL OUT

9. Principle Differences: Appearance

1. **Client may have facial and other physical anomolies. Best to know ahead of time if possible for first encounter**
2. **Client may have other facial or physical differences including movement**
3. **May use limbs or body in ways new to you.**
4. **May use voice in ways new to you.**

10. Principle Differences: Safety Measures

Increase/discuss safety measures

CALL OUT

10. Principle Differences: Safety Measures

Increase/discuss safety measures

1. **Have an aide present to calm/interfere with outbursts**
2. **Keep doors unlocked so parent/carer can enter anytime and patient can leave/re-enter anytime.**
3. **Explain to patient & parent that this is to ensure that while alone with client, nothing bad will happen as you know carer might walk in anytime without knocking.**
4. **From RRWB, encourage client/carer to examine your license, get a copy or write down # and expiration date, business lic., take your photo for their Individual Response Plan contact list.**

Overview of Abuse & People with Disabilities: Children and adults with intellectual and developmental disabilities are abused more than generic children and adults.

Children with disabilities are abused more than generic kids by a factor of

Girls: 1 in 4 (25%)	Boys: 1 in 6 (17%)
x 1.7 = 43%	x 1.7 = 28%
x 3.4 = 85%	**x 3.4 = 58%**

A numeric palindrome…easy to remember.

- **1.7 DHHS/NCCAN (Westat Inc.,1991)**
- **3.4 Boystown Research Hospital (Sullivan & Knutson, 2000)**

Adults with disabilities are abused more than their generic counterparts

- **Annually abuse is reported involving**
  - **5 million vulnerable adults**
  - 2 million elders
  - 1 million children
- **This means that adults with disabilities are abused more than children and elders *combined.***

Abuse & Neglect – Overview

Approximately 25% of children with disabilities acquired the disability as a result of abuse.

52% of neglected children acquire a permanent disability.

Abuse & Neglect - Abusers

It is estimated that in 98% of cases of sexual abuse, the perpetrator is well known to, trusted by, and in a care providing position to the victim.

Perpetrators seek people with disabilities as they are less likely to be caught or be convicted.

RAAPPORT:

Psychotherapeutic Intervention

RAAPPORT

- ✓ **R**eferral
- ✓ **A**ttitude Adjustments
- ✓ **A**ssessment
- ✓ **P**rovider Qualifications
- ✓ **P**re-Treatment Considerations and Activities
- ✓ **O**ne-on One Treatment
- ✓ **R**esources
- ✓ **T**ermination

RAAPPORT describes some of the ***attitudinal** and institutional barriers*** to providing effective treatment, and describes effective treatment strategies.

Effective treatment requires the following five steps:

1. **Prompt identification of problem (s)**
2. **Prompt referral for treatment**
3. **Treatment provided by a qualified therapist to primary and secondary victims**
4. **Treatment terminated appropriately**
5 **Follow up treatment available as needed**

Philosophical Tenets

Do no harm!

Clinicians are expected to work within their area of expertise. When entering a new area, supervision is required.

Know and implement recognized disability philosophies such as: **Normalization, Least restrictive alternative**

- Involvement in all aspects of community life
- Expect ability (best seen in bilingual skills)
- Trauma-Informed Care

With the goal of healing in mind**, utilize the treatment approaches available, focusing on the individual's (and family's) strengths to build upon, and strengthening areas of weakness where possible.**

Those with I/DD require modifications to standard protocols

- Because they may not understand and produce speech and language in typical ways…or at all.
- Because they may behave differently
- Because they may have physical disabilities that require different space options in the office
- Because they may have sensory impairments such as hearing impairments or vision impairments requiring accommodations (interpreters, large print or audio materials)
- Because their life styles, belief and culture differ from the typical child.

Case Studies

I will present one case for your consideration.

Please have your case ready for discussion including

(Fake) name of individual

Age

Gender

Type of residence (family, group home)

Race

I/DD

Sensory Issues

Communication

Presenting Problem

Case Studies

(Fake) name of individual: Zoe

Age: 9

Gender: F

Type of residence (family, group home): family

Race: Black

I/DD: Moderate Intellectual Disability

Communication: Verbal unintelligible language understood only by her older sister who serves as her interpreter

Sensory Issues: None identified

Presenting Problem: Mother reported to disability service coordinator that both children had c/o of CSA by uncle and grandfather.

Case Study

Referral source provided this information:

- **Mother had not believed the children.**
- **The mother (over a period of months) ignored children's expressed wish not to go to their grandfather's house**
- **Following a report of this abuse, the stepfather was taken into custody for quite a period of time, although the children consistently denied any wrongdoing on his part.**
- **Referral for therapy came from the disability case management services center.**

- **What do we need to know prior to seeing the child? Who should be seen? What preparations need to be made?**

Successful Treatment is wonderful but…

What about preparing the client for the nearly inevitable “next” assault?

Risk Reduction Work

Working with the parents and the victim, develop an **Individual Response Plan**, to prepare for future violations.

When the plan is completed, encourage the family to revisit the plan monthly, and make changes as the child matures & changes, including skills development.

Discuss future contact, if any.

Terminate therapy.

Case Studies

Please have your case ready for discussion including

(Fake) name of individual

Age

Gender

Type of residence (family, group home)

Race

I/DD

Sensory Issues

Communication

Presenting Problem

Using examples, how does all this work in real life?

Call for psychotherapy from the mother of a woman with Down Syndrome who was sexually assaulted 5 years prior:

Pre-Treatment Questions:

- Current sx?
- Date of onset of current episode? Triggers?
- Prior tx?
- Client request for help?

Pre-Interview Information

Client residential arrangement

Client family hx & current situation

Client communication style

Need for an interpreter

Need for special equipment

Client health status

Need for medications

Recent change in medications

Perpetrator/Case information

Who is the Perpetrator?

Relationship of Perpetrator to client

Current whereabouts of perpetrator

Case information: charges, convictions

How was case handled by law enforcement?

Later contact with client by perpetrator

Additional Crime History

Prior assaults on the client

What was effect upon the client?

What is current effect upon the client

What happened legally in the case?

Any legal involvement of client as a violator of the law?

(Use when case involves sexual abuse or other sexuality issue.)

Sex Education:

Who trained? When? Was instructor certified?

What was curriculum?

Did client benefit?

Abuse Awareness

Who Trained? When?

What was curriculum?

Did client benefit?

Other Case Examples

1. Young man with autism, c/o touching others
2. Young woman with autism, c/o sexual assault by stepfather (from UCLA, non-verbal)
3. Young woman assaulted by father (needed “to talk to Nora”)
4. Young woman suddenly electively mute
5. Young man with DS assaulted by day program provider

A Risk Reduction Workbook for Parents and Service Providers to use with Individuals with Intellectual and Developmental Disabilities

Available at: **disabilityandabuse.org/books**

A Risk Reduction Workbook for Individuals with Intellectual and Developmental Disabilities

Available at: **disabilityandabuse.org/books**

Acquire books, articles of relevance and interest:

"Sexual Assault Survivor's Guidebook for People with Developmental Disabilities"

Additional Resources

For law enforcement "Forensic Interviewing Guide"

For law enforcement "Forensic Interviewing & Treatment"

For parents & service providers "Abuse Risk Reduction"

"TFT for Healing" for conducting psychotherapy with abuse survivors with disabilities.

Sheila Mansell's book on Psychotherapy for Sexual Assault Survivors with Developmental Disabilities (available through NADD)

Ruth Ryan's book on Treatment for Abuse Victims with Developmental Disabilities

Additional Resources

Karyn Harvey's book, "Trauma-Informed Behavioral Interventions: What Works and What Doesn't?"

For parents & service providers "A Risk Reduction Workbook for Parents and Service Providers for Individuals with Intellectual and Developmental Disabilities" from Baladerian

"Your Tapping Book" to give to clients to self-treat anxiety, panic, anger, rage, depression.

CHECK for new titles at: norabaladerian.com and new information at disabilityandabuse.org

Get more information...
www.disability-abuse.com

We say,
“www dot *disability* *minus* *abuse* dot com” !!!

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JOIN our listserv from the website and learn along with others! Get great advice! Give Good Advice!!!

The End!

Thank you for coming!!